

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025540

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 295

FILED JUL 15 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 9 Mos.; 26 das.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If outside, give location) 1408 Eleanor	
3. NAME OF DECEASED (Type or print) ROLAND ANDERSON CHAMBERS		4. DATE OF DEATH July 6, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-4-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Dunklin Co., Missouri	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. Records, State Hospital No. 4, Farmington, Mo.	
17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia, right lower lobe		INTERVAL BETWEEN ONSET AND DEATH 10 das.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome with circulatory disturbance with psychotic reaction.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month; Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kennett, Missouri	
21. I attended the deceased from June 26, 1963 to July 6, 1963 and last saw him alive on July 6, 1963 Death occurred at 1:20 P. M. on the date, stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John A. Brennan MD</i> (Degree or title)		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	
22c. DATE SIGNED 7-6-63 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 8, 1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
23d. LOCATION (City, town, or county) Kennett, Missouri			
24. FUNERAL DIRECTOR McDaniel Funeral Home, Kennett, Mo.		25. DATE RECD. BY LOCAL REG. July 6, 1963	
26. REGISTRAR'S SIGNATURE <i>Ester Handloff</i>			

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

WITNESSED BY THE BOARD OF HEALTH

JOHN J. JONES, JR., Secretary